

**MULTIPLE DEPENDENT  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890318

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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50		/		/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		↓	95	↓		↓
TOTAL CLAIMS		↓	99	↓		↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
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99		/		/		
100		/		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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